

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           |                                                 |                       |                        |                       |                            |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|---------------------------------------------|---------------------------------------|------------------|---------------|-----------|-------------------------------------------------|-----------------------|------------------------|-----------------------|----------------------------|--|--|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                               |                                                                                          |                                                                                                                                                                                                                                           |                                           | Application or Docket Number<br><b>10/594,501</b> | Filing Date<br><b>09/28/2006</b>            | <input type="checkbox"/> To be Mailed |                  |               |           |                                                 |                       |                        |                       |                            |  |  |  |
| <b>APPLICATION AS FILED – PART I</b>                                                                                            |                                                                                          |                                                                                                                                                                                                                                           |                                           | OTHER THAN<br>SMALL ENTITY                        |                                             |                                       |                  |               |           |                                                 |                       |                        |                       |                            |  |  |  |
| (Column 1)                                                                                                                      |                                                                                          | (Column 2)                                                                                                                                                                                                                                |                                           | SMALL ENTITY <input type="checkbox"/>             | OR                                          | SMALL ENTITY                          |                  |               |           |                                                 |                       |                        |                       |                            |  |  |  |
| FOR                                                                                                                             |                                                                                          | NUMBER FILED                                                                                                                                                                                                                              |                                           | NUMBER EXTRA                                      |                                             | RATE (\$)                             | FEE (\$)         | RATE (\$)     | FEE (\$)  |                                                 |                       |                        |                       |                            |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                             |                                                                                          | N/A                                                                                                                                                                                                                                       |                                           | N/A                                               |                                             | N/A                                   |                  | N/A           |           |                                                 |                       |                        |                       |                            |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                            |                                                                                          | N/A                                                                                                                                                                                                                                       |                                           | N/A                                               |                                             | N/A                                   |                  | N/A           |           |                                                 |                       |                        |                       |                            |  |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       |                                                                                          | N/A                                                                                                                                                                                                                                       |                                           | N/A                                               |                                             | N/A                                   |                  | N/A           |           |                                                 |                       |                        |                       |                            |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                |                                                                                          | minus 20 =                                                                                                                                                                                                                                |                                           | *                                                 |                                             | X \$        =                         |                  | X \$        = |           |                                                 |                       |                        |                       |                            |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          |                                                                                          | minus 3 =                                                                                                                                                                                                                                 |                                           | *                                                 |                                             | X \$        =                         |                  | X \$        = |           |                                                 |                       |                        |                       |                            |  |  |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               |                                                                                          | If the specification and drawings exceed 100<br>sheets of paper, the application size fee due<br>is \$250 (\$125 for small entity) for each<br>additional 50 sheets or fraction thereof. See<br>35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                           |                                                   |                                             |                                       |                  |               |           |                                                 |                       |                        |                       |                            |  |  |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |                                                                                          |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           |                                                 |                       |                        |                       |                            |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |                                                                                          |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           |                                                 |                       |                        |                       |                            |  |  |  |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                         |                                                                                          |                                                                                                                                                                                                                                           |                                           | TOTAL                                             | TOTAL                                       | OTHER THAN<br>SMALL ENTITY            |                  |               |           |                                                 |                       |                        |                       |                            |  |  |  |
| (Column 1)                                                                                                                      |                                                                                          | (Column 2)                                                                                                                                                                                                                                |                                           | (Column 3)                                        |                                             | SMALL ENTITY                          | OR               | SMALL ENTITY  |           |                                                 |                       |                        |                       |                            |  |  |  |
| AMENDMENT                                                                                                                       | 01/22/2008                                                                               |                                                                                                                                                                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                       | PRESENT<br>EXTRA |               | RATE (\$) | ADDITIONAL<br>FEE (\$)                          | RATE (\$)             | ADDITIONAL<br>FEE (\$) |                       |                            |  |  |  |
|                                                                                                                                 | Total (37 CFR<br>1.16(i))                                                                |                                                                                                                                                                                                                                           | * 8                                       |                                                   | Minus                                       |                                       | ** 20            |               | = 0       |                                                 | X \$        =         | OR                     | X \$50=               | 0                          |  |  |  |
|                                                                                                                                 | Independent<br>(37 CFR 1.16(h))                                                          |                                                                                                                                                                                                                                           | * 1                                       |                                                   | Minus                                       |                                       | ***3             |               | = 0       |                                                 | X \$        =         | OR                     | X \$210=              | 0                          |  |  |  |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           |                                                 |                       |                        |                       |                            |  |  |  |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           |                                                 |                       | OR                     |                       |                            |  |  |  |
|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           |                                                 | TOTAL<br>ADD'L<br>FEE | OR                     | TOTAL<br>ADD'L<br>FEE | 0                          |  |  |  |
| (Column 1)                                                                                                                      |                                                                                          |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           | (Column 2)                                      |                       | (Column 3)             |                       | OTHER THAN<br>SMALL ENTITY |  |  |  |
| AMENDMENT                                                                                                                       |                                                                                          |                                                                                                                                                                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                       | PRESENT<br>EXTRA |               | RATE (\$) | ADDITIONAL<br>FEE (\$)                          | RATE (\$)             | ADDITIONAL<br>FEE (\$) |                       |                            |  |  |  |
|                                                                                                                                 | Total (37 CFR<br>1.16(i))                                                                |                                                                                                                                                                                                                                           | *                                         |                                                   | Minus                                       |                                       | **               |               | =         |                                                 | X \$        =         | OR                     | X \$        =         |                            |  |  |  |
|                                                                                                                                 | Independent<br>(37 CFR 1.16(h))                                                          |                                                                                                                                                                                                                                           | *                                         |                                                   | Minus                                       |                                       | ***              |               | =         |                                                 | X \$        =         | OR                     | X \$        =         |                            |  |  |  |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           |                                                 |                       |                        |                       |                            |  |  |  |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           |                                                 |                       | OR                     |                       |                            |  |  |  |
|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           |                                                 | TOTAL<br>ADD'L<br>FEE | OR                     | TOTAL<br>ADD'L<br>FEE | 0                          |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |                                                                                          |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           | Legal Instrument Examiner:<br>/DORRETTA BROOKS/ |                       |                        |                       |                            |  |  |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |                                                                                          |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           |                                                 |                       |                        |                       |                            |  |  |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |                                                                                          |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           |                                                 |                       |                        |                       |                            |  |  |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                          |                                                                                                                                                                                                                                           |                                           |                                                   |                                             |                                       |                  |               |           |                                                 |                       |                        |                       |                            |  |  |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.